

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37955

STATE FICE NUMBER

9740

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge</u> Length of stay in 1b | | | | d. STREET ADDRESS (If outside, give location) <u>1812 Benton St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Palmero</u> Last <u>Palmero</u> | | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>16</u> Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>June 20-1881</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Dealer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u> | | 11. BIRTHPLACE (City and state or country) <u>Italy</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13. FATHER'S NAME <u>Joseph Palmero</u> | | 14. MOTHER'S MAIDEN NAME <u>Grace Lamomick</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Mrs. Frances Palmero</u> | | Address <u>1812 Benton St.</u> | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>congestive heart failure</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>420-D</u> | | | |
| 20c. TIME OF INJURY Hour <u>4 A.M.</u> Month <u>Sept.</u> Day <u>13</u> Year <u>1957</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo.</u> | |
| 21. I attended the deceased from <u>Sept. 13-1957</u> to <u>Oct. 16-1957</u> and last saw her alive on <u>Oct. 16-57</u> Death occurred at <u>4 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>Garrett C. Hager M.D.</u> (Degree or title) | | 22b. ADDRESS <u>1325 S. Grand</u> | | 22c. DATE SIGNED <u>10-18-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10-19-1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Bensiek-Niehaus</u> | | ADDRESS <u>1431 N. Union</u> | | 25. DATE RECD. BY LOCAL REG. <u>OCT 18 '57</u> | | 26. REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Elton R. Remeluz

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.